



## MORBIDITY AND MORTALITY WEEKLY REPORT

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*Current Trends***Update: Acquired Immunodeficiency Syndrome in the San Francisco Cohort Study, 1978-1985**

Between 1978 and 1980, a cohort of approximately 6,875 homosexual and bisexual men who had sought evaluation for sexually transmitted diseases at the San Francisco (California) City Clinic was enrolled in a series of studies of the prevalence, incidence, and prevention of hepatitis B virus infections (1,2). In 1981, six of the first 10 men reported with acquired immunodeficiency syndrome (AIDS) in San Francisco were discovered to be members of the City Clinic cohort. Subsequently, the Department of Public Health and CDC began a study of cohort members for AIDS and for infections with human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV), the cause of AIDS.

In a representative sample of cohort members, prevalence of antibody to HTLV-III/LAV, measured by an enzyme immunosorbent assay (EIA), increased from 4.5% in 1978 to 67.3% in 1984 (3). From January through August 1985, HTLV-III/LAV antibody prevalence further increased to 73.1% (Figure 1). The number of AIDS cases reported among cohort members increased from 166 in 1984 to 262 in August 1985 (Figure 2).

Thirty-one members of the sample who consented to have their earliest specimens tested had antibody to HTLV-III/LAV at the time they enrolled in studies between 1978-1980. By December 1984, two (6.4%) (95% confidence bounds 0.8%-21.4%) had developed AIDS, and eight (25.8%) had AIDS-related conditions, as defined elsewhere (3). Symptomatic infections with HTLV-III/LAV thus had occurred in 10 (32.2%) (95% confidence bounds 16.7%-51.4%) of the 31 men after a follow-up period averaging 61 months. No further cases of AIDS have been reported in the 29 men through the first 8 months of 1985.

Sixty members of the cohort who were seronegative in 1984 were tested again in 1985, an average of 14 months (range 9-18) after their last specimens were collected; nine (15.0%) were found to have developed antibodies to HTLV-III/LAV. Five of the nine had reduced their numbers of sexual partners since their last visit; two had not changed; and two had increased their numbers slightly. Each man who seroconverted had engaged in sexual activities that resulted in the exchange of semen and other body fluids. Two seroconverters who reported sexual exposures with only one steady partner since their last negative test had engaged in receptive anal intercourse with ejaculation by their respective partners.

Men who remained seronegative were not shown to differ significantly in sexual practices from those who seroconverted, but the number of seroconverters available for comparison is small.

### AIDS — Continued

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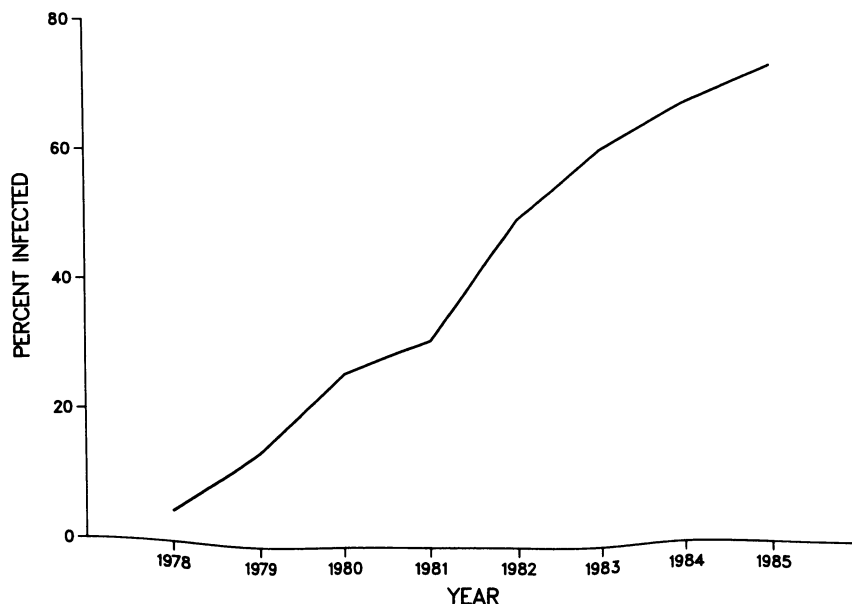
**Editorial Note:** The cumulative incidence of AIDS in City Clinic cohort members is now 3,825 per 100,000, the highest of any reported population (4,5). Almost three-quarters of cohort members now have serologic evidence of HTLV-III/LAV infections. The long-term prognoses for these men is unknown. The fact that two-thirds of men infected for over 5 years have not developed AIDS or AIDS-related illness is an encouraging indication that infection with this virus is not necessarily followed by rapid development of symptoms and death.

Studies from New York City, San Francisco, and elsewhere suggest that many gay men have changed their sexual lifestyles (5). Between 1980 and 1983, rates of rectal and pharyngeal gonorrhea in men in Manhattan decreased 59% (6). Surveys of self-reported behavior of gay men in San Francisco have shown decreases in both the average number of sexual partners and sexual practices known to transmit HTLV-III/LAV infection (7,8). However, as the prevalence of HTLV-III/LAV infection in a population increases, substantial changes in both the numbers of sexual partners and types of sexual practices will be necessary to reduce the risk that susceptible gay men may become infected.

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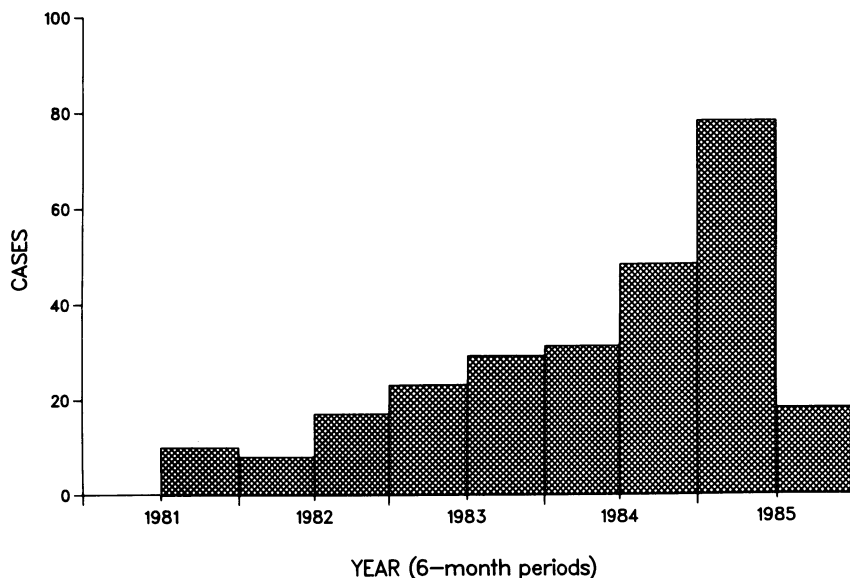
**FIGURE 1. Human T-lymphotropic virus type III/lymphadenopathy-associated virus infections in City Clinic cohort, by year specimen collected — San Francisco, California, 1978-1985**



*AIDS — Continued*

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**FIGURE 2. Acquired immunodeficiency syndrome among members of City Clinic cohort, by 6-month period of report — San Francisco, California, 1981-1985\***



\*Incomplete data for second half of 1985.

### Epidemiologic Notes and Reports

#### **Update: Evaluation of Human T-Lymphotropic Virus Type III/ Lymphadenopathy-Associated Virus Infection in Health-Care Personnel — United States**

The occurrence of the acquired immunodeficiency syndrome (AIDS) in intravenous (IV) drug users, blood transfusion recipients, and persons with hemophilia indicates that parenteral transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV) occurs via infectious blood or blood products (1). Currently available practices

*HTLV-III/LAV – Continued*

have nearly eliminated these risks for transfusion recipients and persons with hemophilia (2,3). Because health-care personnel may be inadvertently exposed to the blood of AIDS patients, several studies have been conducted to determine the prevalence of HTLV-III/LAV antibodies in health-care personnel who have cared for these patients (4-10). Combining published results with data reported to CDC shows that, to date, 1,758 health-care workers participating in such studies have been tested for antibodies to HTLV-III. Twenty-six (1.5%) were seropositive, and all but three of these persons belonged to groups recognized to be at increased risk for AIDS. Epidemiologic information is not available for one of these three health-care workers who was tested anonymously. Because of the high level of interest in these studies and in the potential for occupational transmission of HTLV-III/LAV through parenteral and mucosal routes, the case histories for these two health-care workers are reported below.

**Patient 1.** A female health-care worker was tested for serum antibodies to HTLV-III in November 1984 as part of a study of hospital personnel. She had sustained accidental needlestick injuries in November 1983 and March 1984 (12 months and 8 months before) while drawing blood from patients with AIDS. At the time of enrollment in the study, serum antibodies to HTLV-III were detected by enzyme immunoassay (EIA) and Western blot techniques. No serum obtained before or within 12 months after the needlesticks was available for testing. She was in good health until June 1984, when she developed mild but persistent lymphadenopathy, most marked in the axilla. Beginning in August 1984, she experienced intermittent diarrhea. When interviewed by a physician, the patient denied IV drug use or blood transfusions and reported being heterosexually monogamous since 1981. Her long-term sex partner denied homosexual activity, IV drug use, or other known risk factors when interviewed separately. Although repeatedly antibody negative by EIA and Western blot methods over an 8-month period, HTLV-III was recovered from his peripheral lymphocytes in April 1985 but could not be recovered from lymphocytes obtained several months later.

**Patient 2.** A male laboratory worker was discovered to be lymphopenic after he volunteered to be tested in conjunction with a study in April 1985. At that time, he had serum antibodies to HTLV-III by EIA and Western blot methods. No previous blood samples were available for testing. As part of his job, he processed platelets pooled from individual donors for transfusion. In December 1983, he sustained an accidental cut on the hand while processing blood from a patient with leukemia. He also sustained an accidental needlestick injury in August 1984 while processing a unit of pooled platelets. Both incidents resulted in parenteral exposure to blood from other persons. It is not known whether any of the individual platelet donors or the patient with leukemia had HTLV-III infection. The health-care worker is asymptomatic, although he had transient cervical lymphadenopathy during early 1985. HTLV-III was recovered from his peripheral blood lymphocytes in September 1985. During three independent interviews, he denied any homosexual activity, IV drug use, foreign travel, or blood transfusions. He described himself as heterosexual and was not aware that any of his approximately 12 lifetime sex partners had AIDS or were at increased risk for HTLV-III/LAV infection.

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**Editorial Note:** These two health-care workers probably represent occupational transmission of HTLV-III/LAV due to parenteral exposure, although in neither was a preexposure serum sample available to date the onset of infection. Although not reported during investigations of these two cases, it is difficult to totally assure that additional risk factors for AIDS

*HTLV-III/LAV — Continued*

were absent. For purposes of epidemiologic surveillance, a case of occupationally acquired HTLV-III/LAV infection should ideally include all the following features: a worker with no identifiable risk factors for AIDS whose serum, obtained within several days of the date of a possible occupational exposure, is negative for antibody to HTLV-III/LAV but whose follow-up serum, in absence of interim exposure to other risk factors, is positive for antibody to HTLV-III/LAV. The two cases reported here do not fully meet these ideal criteria. However, there is one published report from England of a nurse who developed HTLV-III/LAV antibody following an accidental needlestick injury (11). Her serum was negative for antibody to HTLV-III/LAV at the time of exposure. This nurse reportedly had none of the recognized risk factors for AIDS and was asymptomatic at the time the report was published.

The two cases reported here represent the only known evidence of probable occupational transmission of HTLV-III/LAV in the United States. This confirms that the risk of transmission of HTLV-III/LAV infection to health-care workers from patients is extremely low (4-10). HTLV-III/LAV infections appear to be much less transmissible through needlesticks than hepatitis B; nearly 26% of persons comparably exposed to a hepatitis B surface antigen-positive patient develop infection (12). Nonetheless, personnel should follow recommendations designed to minimize the risk of exposure to parenteral or mucosal (e.g., blood spatter on conjunctiva) contact with potentially infectious materials from patients with AIDS or suspected AIDS (13,14).

Epidemiologic studies of needlestick injuries in hospital personnel indicate that over 40% of the accidents are potentially preventable if recommended precautions are followed when handling used needles or other sharp objects (6). Educational programs to familiarize health-care workers with the basic practices in infection control are essential to the prevention of AIDS and other infections. Health-care workers and others should become familiar with and follow recommended precautions when handling specimens, secretions, and excretions from persons known to be infected with HTLV-III/LAV. Health-care personnel whose serum is positive for HTLV-III/LAV antibody should follow the precautions that have been published for health-care workers with AIDS (15).

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## HTLV-III/LAV — Continued

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TABLE I. Summary—cases of specified notifiable diseases, United States

Disease	38th Week Ending			Cumulative, 38th Week Ending		
	Sept. 21, 1985	Sept. 22, 1984	Median 1980-1984	Sept. 21, 1985	Sept. 22, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	151	96	N	5,604	2,940	N
Aseptic meningitis	446	312	395	6,183	5,350	6,102
Encephalitis: Primary (arthropod-borne & unsp.)	38	35	55	780	766	1,022
Post-infectious	2	2	2	98	91	75
Gonorrhea: Civilian	20,059	17,372	21,723	609,970	602,602	696,707
Military	361	510	510	13,398	15,754	19,771
Hepatitis: Type A	494	436	494	15,906	15,083	16,360
Type B	497	554	476	18,618	18,509	15,623
Non A, Non B	83	61	N	2,976	2,720	N
Unspecified	110	123	215	4,121	3,574	6,283
Legionellosis	18	16	N	433	472	N
Leprosy	12	7	7	272	169	169
Malaria	29	31	31	741	698	812
Measles: Total*	15	8	31	2,461	2,323	2,323
Indigenous	13	6	N	2,031	2,054	N
Imported	2	2	N	430	269	N
Meningococcal infections: Total	20	29	31	1,776	2,072	2,075
Civilian	20	29	30	1,773	2,068	2,068
Military	-	-	-	3	4	13
Mumps	45	31	40	2,260	2,251	3,303
Pertussis	109	125	49	1,978	1,742	1,214
Rubella (German measles)	6	55	22	551	605	1,780
Syphilis (Primary & Secondary): Civilian	477	643	706	18,348	20,262	22,236
Military	3	3	9	107	234	276
Toxic Shock syndrome	2	4	N	266	355	N
Tuberculosis	394	524	540	15,431	15,446	18,406
Tularemia	5	7	8	119	236	198
Typhoid fever	8	8	10	255	245	312
Typhus fever, tick-borne (RMSF)	37	30	30	565	711	992
Rabies, animal	111	110	127	3,869	3,958	4,722

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1985	Cum 1985
Anthrax	-	27
Botulism: Foodborne (Miss. 1, Wash. 2, Calif. 1)	39	11
Infant	41	3
Other	1	3
Brucellosis (Tex. 2, Idaho 1)	100	84
Cholera	3	-
Congenital rubella syndrome	-	47
Congenital syphilis, ages < 1 year	111	50
Diphtheria	1	19
Leptospirosis (Mich 1)		
Plague		
Poliomyelitis: Total		
Paralytic		
Psittacosis (Mich. 1, Del. 1, Tex. 1)		
Rabies, human		
Tetanus (Ark. 1)		
Trichinosis		
Typhus fever, flea-borne (endemic, murine) (Va. 1)		

\*One of the 15 reported cases for this week was imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

**TABLE III. Cases of specified notifiable diseases, United States, weeks ending  
September 21, 1985 and September 22, 1984 (38th Week)**

Reporting Area	AIDS	Aseptic Mening- itis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel- losis	Leprosy
			Primary	Post-in- fectious			A	B	NA,NB	Unspeci- fied		
	Cum. 1985	1985	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1984	1985	1985	1985	1985	1985	Cum 1985
UNITED STATES	5,604	446	780	98	609,970	602,602	494	497	83	110	18	272
NEW ENGLAND	202	30	21	-	16,637	16,669	48	38	4	9	3	6
Maine	9	1	-	-	830	713	-	3	-	-	-	-
N.H.	-	4	5	-	419	505	-	1	1	-	-	-
Vt.	1	-	-	-	242	282	-	1	-	-	1	-
Mass.	124	19	15	-	6,492	6,983	3	15	3	9	2	6
R.I.	10	1	-	-	1,353	1,119	2	2	-	-	-	-
Conn.	58	5	1	-	7,301	7,067	43	16	-	-	-	-
MID ATLANTIC	2,200	142	106	11	93,278	81,179	43	63	15	4	-	28
Upstate N.Y.	263	49	33	4	12,462	12,647	14	19	6	1	-	1
N.Y. City	1,501	28	12	-	46,733	32,723	-	-	-	1	-	24
N.J.	310	47	25	-	13,989	13,947	6	21	5	1	-	-
Pa.	126	18	36	7	20,094	21,862	23	23	4	1	-	3
E. N. CENTRAL	245	80	190	20	85,645	84,332	21	25	5	4	1	21
Ohio	43	21	76	4	22,569	22,443	6	4	-	1	-	3
Ind.	18	18	43	2	8,985	8,892	4	6	-	-	1	-
Ill.	125	-	14	8	21,593	19,047	6	1	-	-	-	16
Mich.	41	41	39	-	24,186	24,575	5	14	5	3	-	2
Wis.	18	-	18	6	8,312	9,375	-	-	-	-	-	-
W. N. CENTRAL	66	39	61	3	29,811	29,513	11	12	1	-	5	1
Minn.	21	4	27	1	4,397	4,491	2	2	-	-	2	-
Iowa	8	1	22	-	3,217	3,225	2	3	1	-	-	-
Mo.	28	24	-	-	14,490	14,236	-	5	-	-	-	1
N. Dak.	-	-	-	1	198	280	-	-	-	-	-	-
S. Dak.	-	2	-	-	564	687	-	-	-	-	2	-
Nebr.	2	4	5	-	2,499	1,998	-	-	-	-	-	-
Kans.	7	4	7	1	4,446	4,596	7	2	-	-	1	-
S. ATLANTIC	851	53	92	35	134,532	153,282	32	111	10	7	1	7
Del.	10	4	4	-	3,151	2,852	1	4	-	-	-	-
Md.	102	10	20	1	21,464	17,830	-	4	3	-	-	1
D.C.	117	-	-	-	11,214	10,971	-	6	-	-	-	-
Va.	69	17	21	5	13,921	14,646	3	13	-	2	-	-
W. Va.	5	-	21	-	1,907	1,906	-	2	-	-	-	-
N.C.	40	3	23	-	26,483	25,124	3	18	-	1	-	2
S.C.	22	3	3	-	16,118	15,451	2	15	1	-	-	-
Ga.	133	8	-	-	27,934	27,934	1	13	1	-	1	1
Fla.	353	7	-	29	40,274	36,568	22	39	5	4	-	3
E. S. CENTRAL	49	35	25	4	54,799	53,356	8	35	3	5	-	-
Ky.	13	15	8	-	6,219	6,465	3	8	1	1	-	-
Tenn.	15	10	6	-	20,746	21,984	1	11	-	4	-	-
Ala.	19	4	9	4	16,759	16,823	1	14	2	-	-	-
Miss.	2	6	2	-	11,075	8,084	3	2	-	-	-	-
W. S. CENTRAL	389	18	101	2	81,798	82,734	64	26	8	20	2	17
Ark.	5	1	3	1	7,961	7,509	1	4	-	-	1	1
La.	71	3	3	-	16,101	18,336	7	5	3	1	-	1
Okla.	11	2	21	1	8,870	8,961	6	1	1	-	-	-
Tex.	302	12	74	-	48,866	47,928	50	16	4	19	1	15
MOUNTAIN	98	15	30	6	19,843	19,652	74	37	13	9	3	5
Mont.	-	1	-	-	555	811	6	3	1	-	-	-
Idaho	-	-	-	-	651	942	1	-	-	-	-	-
Wyo.	-	-	1	-	472	544	-	-	-	-	-	-
Colo.	43	4	6	2	5,927	5,615	11	5	2	2	-	1
N. Mex.	12	2	3	-	2,287	2,305	7	1	2	-	-	-
Ariz.	26	6	7	-	5,722	5,327	34	13	7	7	3	1
Utah	12	1	10	4	898	961	7	9	-	-	-	2
Nev.	5	1	3	-	3,331	3,147	8	6	1	-	-	1
PACIFIC	1,504	34	154	17	93,627	81,885	193	150	24	52	3	187
Wash.	79	3	13	-	6,980	6,128	9	9	1	-	-	33
Oreg.	23	-	1	-	4,714	4,798	70	12	6	-	-	3
Calif.	1,381	29	120	17	78,418	67,497	114	125	17	52	3	132
Alaska	3	-	20	-	2,192	2,039	-	-	-	-	-	-
Hawaii	18	2	-	-	1,323	1,423	-	4	-	-	-	19
Guam	-	U	-	-	100	181	U	U	U	U	U	3
P.R.	62	2	5	2	2,398	2,507	3	13	-	2	-	2
V.I.	2	-	-	-	340	403	-	-	-	1	-	-
Pac. Trust Terr.	-	U	-	-	146	-	U	U	U	U	U	20

N: Not notifiable

U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending  
September 21, 1985 and September 22, 1984 (38th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin- gococcal infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	741	13	2,031	2	430	2,323	1,776	45	2,260	109	1,978	1,742	6	551	605
NEW ENGLAND	38	-	38	-	88	104	80	1	52	8	109	44	-	12	18
Maine	4	-	-	-	1	-	2	-	6	3	11	2	-	-	1
N.H.	4	-	-	-	-	36	13	-	9	-	39	7	-	2	1
Vt.	1	-	-	-	-	7	10	-	2	-	3	19	-	-	-
Mass.	18	-	34	-	84	48	13	-	14	4	35	12	-	6	16
R.I.	3	-	-	-	-	-	13	1	14	1	14	2	-	-	-
Conn.	8	-	4	-	3	13	29	-	7	-	7	2	-	4	-
MID ATLANTIC	118	1	169	-	34	150	318	6	250	9	122	144	-	216	214
Upstate N.Y.	41	-	71	-	13	35	124	2	134	7	59	79	-	17	99
N.Y. City	41	-	55	-	8	103	51	2	30	-	16	7	-	176	97
N.J.	14	-	17	-	10	7	49	2	32	-	5	11	-	9	17
Pa.	22	1	26	-	3	5	94	-	54	2	42	47	-	14	1
E.N. CENTRAL	39	-	434	-	89	691	312	6	839	18	415	430	-	29	83
Ohio	8	-	-	-	54	9	102	3	249	11	64	64	-	-	2
Ind.	4	-	55	-	2	3	40	-	36	-	135	225	-	1	5
Ill.	6	-	286	-	9	179	71	2	182	1	27	23	-	12	49
Mich.	15	-	37	-	23	461	71	1	290	6	41	26	-	15	19
Wis.	6	-	56	-	1	39	28	-	82	-	148	92	-	1	8
W.N. CENTRAL	27	-	1	-	10	46	88	3	69	2	143	111	-	19	34
Minn.	11	-	-	-	6	38	23	-	1	2	72	12	-	2	4
Iowa	2	-	-	-	-	-	8	2	12	-	6	10	-	1	1
Mo.	5	-	-	-	2	3	34	-	11	-	26	18	-	7	-
N. Dak.	2	-	-	-	2	-	4	-	3	-	9	-	-	2	3
S. Dak.	1	-	-	-	-	-	2	-	-	-	2	8	-	-	-
Nebr.	1	-	-	-	-	-	7	-	2	-	4	11	-	-	-
Kans.	5	-	1	-	-	5	10	1	40	-	24	52	-	7	26
S. ATLANTIC	89	2	269	-	30	51	341	4	210	15	308	175	-	54	22
Del.	-	-	-	-	-	-	8	-	1	-	1	2	-	1	-
Md.	22	1	95	-	9	20	47	-	27	2	126	57	-	6	1
D.C.	5	-	9	-	1	8	6	-	-	-	1	-	-	-	-
Va.	19	-	21	-	7	5	41	1	42	3	14	18	-	2	-
W. Va.	2	-	31	-	2	-	8	1	58	-	4	11	-	9	-
N.C.	8	-	9	-	-	-	46	1	12	-	21	24	-	-	-
S.C.	-	-	-	-	3	1	34	-	7	-	2	2	-	3	-
Ga.	7	-	8	-	-	1	57	-	28	3	85	14	-	4	2
Fla.	26	1	96	-	8	16	94	1	35	7	54	47	-	29	19
E.S. CENTRAL	9	-	-	-	7	3	80	4	27	5	42	12	1	3	9
Ky.	3	-	-	-	5	1	8	-	8	2	8	1	1	3	3
Tenn.	-	-	-	-	1	2	31	2	15	3	19	7	-	-	-
Ala.	5	-	-	-	-	-	25	1	1	-	11	-	-	-	3
Miss.	1	-	-	-	1	-	16	1	3	-	4	4	-	-	3
W.S. CENTRAL	68	2	414	2	15	533	149	7	237	21	313	285	-	32	54
Ark.	2	-	-	-	-	8	14	1	6	-	12	18	-	1	3
La.	1	-	42	-	-	8	23	-	2	-	11	6	-	-	-
Okla.	2	-	-	-	1	8	28	N	N	5	130	237	-	1	-
Tex.	63	2	372	2 † §	14	509	84	6	229	16	160	24	-	30	51
MOUNTAIN	40	5	492	-	51	145	76	7	213	13	158	102	-	5	19
Mont.	-	-	122	-	17	-	5	-	9	-	8	19	-	-	-
Idaho	2	-	126	-	18	23	2	-	9	-	5	7	-	1	1
Wyo.	1	-	-	-	-	-	6	-	2	-	-	6	-	-	2
Colo.	12	-	6	-	7	6	21	1	18	9	62	34	-	-	2
N. Mex.	13	-	1	-	5	88	8	N	N	-	12	7	-	2	-
Ariz.	7	5	237	-	4	1	19	6	106	-	27	20	-	1	3
Utah	2	-	-	-	-	27	9	-	6	4	44	7	-	-	7
Nev.	3	-	-	-	-	-	6	-	63	-	-	2	-	1	4
PACIFIC	313	3	214	-	106	600	332	7	363	18	368	439	5	181	152
Wash.	23	-	28	-	42	139	58	1	31	-	60	241	-	14	1
Oreg.	12	-	4	-	1	-	30	N	N	-	40	14	-	1	2
Calif.	261	-	164	-	58	304	232	6	309	18	222	111	5	123	144
Alaska	2	-	-	-	-	-	8	-	8	-	29	1	-	1	1
Hawaii	15	3	18	-	5	157	4	-	15	-	17	72	-	42	4
Guam	1	U	10	U	1	90	-	U	5	U	-	-	U	1	4
P.R.	-	9	63	-	-	12	12	2	133	-	10	-	-	25	8
V.I.	-	-	4	-	6	-	-	-	3	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	3	U	-	-	U	-	-

\*For measles only, imported cases includes both out-of-state and international importations.

N Not notifiable U Unavailable † International § Out-of-state



**TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 21, 1985 and September 22, 1984 (38th Week)**

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic- shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1985	Cum. 1984		Cum. 1985	Cum. 1984				
UNITED STATES	18,348	20,262	2	15,431	15,446	119	255	565+40	3,869
NEW ENGLAND	416	376	-	522	462	3	11	7	19
Maine	13	4	-	37	21	-	-	-	-
N.H.	29	12	-	15	25	-	-	1	1
Vt.	5	1	-	5	7	-	-	-	-
Mass.	201	216	-	315	254	3	8	5	11
R.I.	14	15	-	38	36	-	-	1	-
Conn.	154	128	-	112	119	-	3	-	7
MID ATLANTIC	2,562	2,754	1	2,840	2,816	2	38	30+11	390
Upstate N.Y.	185	242	-	503	452	-	10	9	87
N.Y. City	1,557	1,700	-	1,368	1,129	1	20	3	-
N.J.	508	478	-	383	624	1	7	4 1	34
Pa.	312	334	1	586	611	-	1	14 10	269
E.N. CENTRAL	748	956	-	1,905	2,006	2	30	40+2	145
Ohio	114	185	-	334	373	-	6	28	27
Ind.	67	97	-	237	242	-	3	4 2	20
Ill.	362	322	-	811	829	1	13	6	28
Mich.	157	293	-	413	434	-	6	2	21
Wis.	48	59	-	110	128	1	2	-	49
W.N. CENTRAL	161	283	-	423	478	35	11	37+2	722
Minn.	34	77	-	91	78	1	6	-	150
Iowa	17	11	-	44	50	-	2	1	126
Mo.	81	144	-	208	241	22	2	4 1	37
N. Dak.	2	9	-	7	11	-	-	1	103
S. Dak.	5	-	-	21	18	7	-	2	237
Nebr.	6	11	-	11	25	2	1	3	30
Kans.	16	31	-	41	55	3	-	26	39
S. ATLANTIC	4,705	5,934	-	3,113	3,223	6	27	272+14	997
Del.	28	14	-	28	42	1	-	3	-
Mid.	322	379	-	281	309	-	9	26	503
D.C.	247	242	-	123	139	-	-	-	-
Va.	216	305	-	274	337	1	3	17	134
W. Va.	15	13	-	81	98	-	-	1	22
N.C.	492	610	-	388	473	4	2	116 10	11
S.C.	605	564	-	386	384	-	1	68 2	55
Ga.	-	1,027	-	530	482	-	2	35 2	147
Fla.	2,780	2,780	-	1,022	959	-	10	6	125
E.S. CENTRAL	1,499	1,435	1	1,372	1,424	6	4	54+3	192
Ky.	49	76	-	331	343	-	1	7	27
Tenn.	463	373	-	391	435	5	1	27 2	48
Ala.	470	462	1	411	423	1	2	13 1	112
Miss.	517	524	-	239	223	-	-	7	5
W.S. CENTRAL	4,454	4,990	-	1,904	1,787	44	21	108+B	655
Ark.	224	158	-	201	192	25	-	14 1	106
La.	785	895	-	265	242	-	-	1	16
Okla.	135	161	-	187	172	14	2	79 4	85
Tex.	3,310	3,776	-	1,251	1,181	5	19	14 3	448
MOUNTAIN	507	446	-	413	427	14	11	14	323
Mont.	5	3	-	46	17	4	-	6	150
Idaho	4	20	-	20	24	-	-	-	8
Wyo.	8	7	-	5	-	-	-	4	16
Colo.	130	120	-	49	50	2	4	2	21
N. Mex.	94	60	-	72	85	2	4	-	9
Ariz.	232	158	-	183	195	4	3	-	109
Utah	6	14	-	12	31	2	-	-	3
Nev.	28	64	-	26	25	-	-	2	7
PACIFIC	3,296	3,088	-	2,939	2,823	7	102	3	426
Wash.	80	117	-	173	145	-	-	-	4
Oreg.	69	81	-	96	110	1	-	-	4
Calif.	3,094	2,830	-	2,458	2,364	4	98	3	415
Alaska	2	4	-	72	45	2	-	-	3
Hawaii	51	56	-	140	159	-	4	-	-
Guam	2	-	U	27	40	-	-	-	-
P.R.	594	588	-	262	273	-	2	-	31
V.I.	2	8	-	1	3	-	52	-	-
Pac. Trust Terr.	13	-	U	16	-	-	-	-	-

U Unavailable

TABLE IV. Deaths in 121 U.S. cities,\* week ending  
September 21, 1985 (38th Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total	Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
<b>NEW ENGLAND</b>	670	463	134	40	14	19	47	<b>S. ATLANTIC</b>	1,199	717	295	103	43	40	50
Boston, Mass.	189	118	43	13	5	10	18	Atlanta, Ga.	99	58	24	11	2	4	1
Bridgeport, Conn.	42	29	5	6	-	2	5	Baltimore, Md.	183	99	55	17	10	2	4
Cambridge, Mass.	18	8	9	1	-	1	1	Charlotte, N.C.	96	57	21	7	8	3	8
Fall River, Mass.	27	21	5	-	-	1	-	Jacksonville, Fla.	83	55	15	6	3	4	6
Hartford, Conn.	48	35	9	3	-	1	-	Miami, Fla.	103	49	32	15	5	2	-
Lowell, Mass.	30	21	5	2	2	-	2	Norfolk, Va.	54	40	9	-	3	2	4
Lynn, Mass.	21	19	1	1	-	-	1	Richmond, Va.	67	40	16	3	1	7	2
New Bedford, Mass.	27	21	6	-	-	-	3	Savannah, Ga.	59	36	14	4	4	1	3
New Haven, Conn.	55	40	9	4	1	1	3	St. Petersburg, Fla.	112	95	9	4	2	2	5
Providence, R.I.	67	47	17	3	-	-	1	Tampa, Fla.	53	32	15	4	-	1	4
Somerville, Mass.	6	3	2	1	-	-	1	Washington, D.C.	266	138	80	32	5	11	12
Springfield, Mass.	49	36	6	3	1	3	4	Wilmington, Del.	24	18	5	-	-	1	1
Waterbury, Conn.	40	32	5	2	1	-	5	<b>E.S. CENTRAL</b>	740	456	168	44	33	38	31
Worcester, Mass.	51	33	12	1	4	1	3	Birmingham, Ala.	134	78	40	3	3	10	-
<b>MID ATLANTIC</b>	2,722	1,752	604	226	68	71	109	Chattanooga, Tenn.	54	38	11	2	2	1	3
Albany, N.Y.	56	41	11	2	-	2	1	Knoxville, Tenn.	74	46	13	7	3	5	5
Allentown, Pa.	13	10	3	-	-	-	-	Louisville, Ky.	102	72	18	4	3	4	4
Buffalo, N.Y.	121	81	22	7	4	7	10	Memphis, Tenn.	129	72	27	11	11	8	6
Camden, N.J.	45	32	5	2	1	5	3	Mobile, Ala.	63	42	13	3	2	3	1
Elizabeth, N.J.	21	15	3	2	1	-	1	Montgomery, Ala.	55	30	16	4	4	1	2
Erie, Pa.†	44	31	10	1	1	1	3	Nashville, Tenn.	129	78	30	10	5	6	10
Jersey City, N.J.	46	25	12	7	-	2	1	<b>W.S. CENTRAL</b>	1,050	641	251	81	41	36	46
N.Y. City, N.Y.	1,413	901	303	151	40	18	41	Austin, Tex.	57	37	10	3	5	2	8
Newark, N.J.	78	38	20	13	1	5	1	Baton Rouge, La.	45	29	12	3	1	-	1
Paterson, N.J.	33	19	8	2	1	3	3	Corpus Christi, Tex.	44	26	14	1	-	3	1
Philadelphia, Pa.	396	236	108	23	12	17	21	Dallas, Tex.	186	97	58	21	6	4	3
Pittsburgh, Pa.†	82	51	22	3	1	5	7	El Paso, Tex.	60	34	21	2	2	1	3
Reading, Pa.	29	21	6	1	1	-	2	Fort Worth, Tex.	92	63	11	4	4	10	9
Rochester, N.Y.	115	86	21	2	4	2	5	Houston, Tex.	108	66	24	12	3	3	3
Schenectady, N.Y.	35	28	6	1	-	-	1	Little Rock, Ark.	71	44	17	5	2	3	3
Scranton, Pa.†	35	27	7	1	-	-	2	New Orleans, La.	130	75	29	12	9	5	-
Syracuse, N.Y.	71	51	18	2	-	-	-	San Antonio, Tex.	145	93	32	9	6	5	10
Trenton, N.J.	38	21	8	4	1	4	2	Shreveport, La.	42	28	11	3	-	-	1
Utica, N.Y.	24	18	6	-	-	-	2	Tulsa, Okla.	70	49	12	6	3	-	4
Yonkers, N.Y.	27	20	5	2	-	-	3	<b>MOUNTAIN</b>	602	383	128	44	28	19	29
<b>E.N. CENTRAL</b>	2,192	1,518	394	115	76	88	92	Albuquerque, N.Mex.	64	42	12	6	1	3	4
Akron, Ohio	82	59	15	4	1	3	6	Colo. Springs, Colo.	40	25	9	5	-	1	2
Canton, Ohio	32	25	6	-	-	-	2	Denver, Colo.	113	78	20	9	1	5	5
Chicago, Ill.‡	553	462	11	26	16	37	16	Las Vegas, Nev.	74	40	24	3	7	-	7
Cincinnati, Ohio	163	99	37	9	15	3	16	Ogden, Utah	12	9	1	1	1	-	-
Cleveland, Ohio	135	81	42	3	4	5	2	Phoenix, Ariz.	147	100	28	8	7	4	4
Columbus, Ohio	133	79	29	10	6	9	1	Pueblo, Colo.	22	14	2	3	3	-	1
Dayton, Ohio	124	79	29	9	7	5	2	Salt Lake City, Utah	48	24	12	4	2	6	-
Detroit, Mich.	240	134	71	19	9	7	2	Tucson, Ariz.	82	51	20	5	6	-	6
Evansville, Ind.	39	24	11	3	1	-	3	<b>PACIFIC</b>	1,850	1,157	387	172	72	58	107
Fort Wayne, Ind.	44	31	9	3	1	-	1	Berkeley, Calif.	22	13	7	1	1	-	-
Gary, Ind.	18	13	4	1	-	-	1	Fresno, Calif.	96	68	17	5	4	2	6
Grand Rapids, Mich.	41	30	6	2	2	1	3	Glendale, Calif.	26	21	3	1	1	-	1
Indianapolis, Ind.	140	87	38	5	3	7	-	Honolulu, Hawaii	60	43	8	5	2	2	2
Madison, Wis.	41	28	7	4	2	-	6	Long Beach, Calif.	81	48	23	4	2	4	16
Milwaukee, Wis.	106	70	23	4	1	8	6	Los Angeles, Calif.	539	318	113	55	30	19	20
Peoria, Ill.	39	26	8	2	-	3	9	Oakland, Calif.	55	32	15	5	2	1	1
Rockford, Ill.	36	23	8	2	3	-	3	Pasadena, Calif.	26	20	1	3	-	2	2
South Bend, Ind.	50	37	8	2	2	1	2	Portland, Oreg.	113	81	16	12	2	2	4
Toledo, Ohio	113	86	20	5	1	1	8	Sacramento, Calif.	120	78	28	8	3	3	8
Youngstown, Ohio	63	45	12	2	3	1	-	San Diego, Calif.	149	99	30	13	3	4	19
<b>W.N. CENTRAL</b>	698	484	128	30	27	29	28	San Francisco, Calif.	173	91	49	24	3	6	6
Des Moines, Iowa	68	48	17	1	1	1	7	San Jose, Calif.	148	87	31	15	11	4	10
Duluth, Minn.	31	26	5	-	-	-	-	Seattle, Wash.	143	85	26	18	7	7	5
Kansas City, Kans.	32	19	9	4	-	-	-	Spokane, Wash.	51	38	10	2	1	-	6
Kansas City, Mo.	89	61	23	3	1	1	5	Tacoma, Wash.	48	35	10	1	-	2	1
Lincoln, Nebr.	26	17	3	3	1	2	1	<b>TOTAL</b>	11,723 <sup>††</sup>	7,571	2,489	855	402	398	539
Minneapolis, Minn.	73	49	13	1	4	6	-								
Omaha, Nebr.	91	58	17	5	4	7	6								
St. Louis, Mo.	148	109	17	8	6	8	5								
St. Paul, Minn.	62	47	6	1	6	2	1								
Wichita, Kans.	78	50	18	4	4	2	3								

\*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†† Pneumonia and influenza.

† Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages.

§ Data not available. Figures are estimates based on average of past 4 weeks.

*International Notes***Update: Acquired Immunodeficiency Syndrome — Europe**

As of June 30, 1985, 1,226 cases of acquired immunodeficiency syndrome (AIDS) have been reported to the World Health Organization (WHO) European Collaborating Centre on AIDS (Table 1). Two hundred eighty-five new cases were reported by 17 countries that were corresponding with the Centre by March 31, 1985 (1). The new cases represent an average increase of 22 cases per week.

The greatest increases in numbers of cases were observed in: France—85 new cases (six to seven per week); Federal Republic of Germany—58 (four to five per week), and the United Kingdom—36 (two to three per week). In each of four countries (Belgium, Netherlands, Spain, and Switzerland), an increase of one case per week was noted. In Italy, the number of reported cases has more than doubled since March 1985 (30 new cases) because of better contact between clinicians and the national reporting center. For the other 10 countries, zero to seven new cases were reported between March and June.

AIDS cases per million population were calculated using 1985 population estimates (Institut National d'Etudes Démographiques, Paris). The highest rates were noted in: Switzerland—9.7; Denmark—9.4; and France—7.0. These rates are low compared to the U.S. rate of 48.4 (2). The rate reported from Belgium must be interpreted in a unique context, as 74% of cases in Belgium originate from Africa.

The number of cases reported by the 10 countries that collaborated with the Centre in July 1984 (Denmark, Federal Republic of Germany, France, Greece, Italy, Netherlands, Spain, Sweden, Switzerland, and United Kingdom) increased from 421 cases as of July 15, 1984 (3)

**TABLE 1. Reported acquired immunodeficiency syndrome cases and estimated rates per million population — 18 European countries, July 1, 1984-June 30, 1985**

Country	July 1984	Dec. 1984	March 1985	June 1985	Rates*
Austria	-	13	13	18	2.4
Belgium	-	65	81	99	10.0
Czechoslovakia	-	0	0	0	0.0
Denmark	28	34	41	48	9.4
Federal Republic of Germany	79	135	162	220	3.6
Finland	-	5	5	6	1.2
France	180	260	307	392	7.0
Greece	2	6	7	9	0.9
Iceland	-	0	0	0	0.0
Italy	8	14	22	52	0.9
Luxembourg	-	-	-	1	2.5
Netherlands	21	42	52	66	4.6
Norway	-	5	8	11	2.6
Poland	-	0	0	0	0.0
Spain	14	18	29	38	1.0
Sweden	7	16	22	27	3.3
Switzerland	28	41	51	63	9.7
United Kingdom	54	108	140	176	3.1
<b>Total</b>	<b>421</b>	<b>762</b>	<b>940</b>	<b>1,226</b>	

\*Per million population based on 1985 populations.

*AIDS — Continued*

to 1,090 cases on July 30, 1985. This is an increase of 160% in 1 year. The number of cases reported from these 10 countries has doubled in the last 8 months.

A total of 626 deaths were reported for 1,226 cases (case-fatality rate: 51%) (Table 2). Seven hundred ninety-five patients (65%) presented with one or more opportunistic infections; 245 (20%) had Kaposi's sarcoma (KS) alone; and 171 (14%) had opportunistic infections with KS. The category, "Other" (15 cases), includes four cases of progressive multifocal leukoencephalopathy (France—three; Denmark—one), four cases of cerebral lymphoma (United Kingdom—two; France—one, and Switzerland—one), one case of Burkitt's lymphoma of the brain; five cases of B-cell non-Hodgkin's lymphoma (Federal Republic of Germany—three; Netherlands—two), and one unknown (Sweden).

Males accounted for 91% of the cases (Table 3). The sex ratio was 11:1. Forty-two percent of cases occurred in the 30- to 39-year age group. Twenty-nine pediatric cases (children under 15 years old) have been reported in 10 European countries. Eighteen children either had parents with AIDS or parents who were in a group at high risk for AIDS; for eight pediatric patients (four with hemophilia and four with blood transfusions), transmission was due to contaminated blood or blood products. In four of the pediatric patients, no risk factor was reported.

Total cases were distributed geographically and by risk group as follows (Table 4):

**TABLE 2. Acquired immunodeficiency syndrome cases and number of deaths, by disease category — 18 European countries,\* through June 30, 1985**

Disease category	Cases	(%)	Deaths	(%)
Opportunistic infection	795	(65)	444	(56)
Kaposi's sarcoma	245	(20)	64	(26)
Opportunistic infection and Kaposi's sarcoma	171	(14)	108	(63)
Other	15	(1)	10	(67)
<b>Total</b>	<b>1,226</b>	<b>(100)</b>	<b>626</b>	<b>(51)</b>

\*Austria, Belgium, Czechoslovakia, Denmark, Finland, France, Federal Republic of Germany, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and United Kingdom.

**TABLE 3. Acquired immunodeficiency syndrome cases, by age group and sex — 18 European countries, through June 30, 1985**

Age group	Males	Females	Unknown	Sex ratio	Total No. (%)
0-11 mos.	6	6		1:1	12 (1.0)
1-4 yrs.	6	5		1:1	11 (1.0)
5-9 yrs.	2	1	1	2:1	4 (0.3)
10-14 yrs.	3				3 (0.2)
15-19 yrs.	5				5 (0.4)
20-29 yrs.	207	45		5:1	252 (20.6)
30-39 yrs.	490	28		18:1	518 (42.3)
40-49 yrs.	295	11		27:1	306 (25.0)
50-59 yrs.	83	8		10:1	91 (7.4)
≥ 60 yrs.	12	1		12:1	13 (1.1)
Unknown	11				11 (1.0)
<b>Total</b>	<b>1,120</b>	<b>105</b>	<b>1</b>	<b>11:1</b>	<b>1,226 (100.0)</b>

*AIDS — Continued*

**Europeans\*:** 1,011 cases (82% of total). Nine hundred seventy-six (97%) patients were living in Europe before onset of the first symptoms; 35 (3%) were living in non-European countries: Zaire—11; United States—10; Haiti—two; and one each in Bermuda, Burundi, Congo, Gabon, Ghana, Malaysia, Nicaragua, South Africa, Togo, and Venezuela; the country of residence was not specified for two of the 35 patients.

**Caribbeans:** 36 (3%). Thirty-four patients were living in Europe before the onset of the first symptoms: 30 Haitians were diagnosed in France; and one, in Belgium; one Dominican and one Jamaican were living in the United Kingdom; one patient of unspecified origin was living in Switzerland. Two Haitian patients diagnosed in France were living in Haiti.

**Africans:** 141 (12%). These persons were diagnosed in seven European countries and originated from 21 African countries (62% from Zaire and 10% from the Congo). Among the remaining 19 countries, the number of cases varied from one to five. One patient was of unknown national origin. Seventy-five patients (53%) were living in Europe before onset of the first symptoms. Sixty-one resided in Africa, and one, in the United States. Two patients from Zaire and one each from Burundi and Rwanda were living in other parts of the world.

**Other origins:** 38 cases (3%). Most of these patients originated from the American continents: United States—19; Canada—one; Argentina—three; Brazil—three; and one each from Chili, Nicaragua, Peru, and Uruguay. One patient each originated from Australia, Lebanon, Pakistan, Thailand, and Turkey; the origins of three were unknown. Thirteen of these patients were not living in Europe before the onset of the first symptoms (United States—10; Africa—one; unknown—two).

Among the 1,011 European patients, 809 (80%) were homosexual or bisexual (Table 4). Forty-eight (5%) patients were IV drug abusers, and 15 (1%), both homosexual and drug abusers. These 63 cases were diagnosed in: Italy—19; Spain—16, Federal Republic of Germany—12; France—eight; Switzerland—three; Austria—two; United Kingdom—two; and Sweden—one. Thirty-eight (4%) of the reported patients had hemophilia and were diagnosed in: Federal Republic of Germany—16; Spain—eight; United Kingdom—six;

\*The word European refers to patients originating from one of the countries belonging to the WHO European region.

**TABLE 4. Acquired immunodeficiency syndrome cases, by patient risk group and geographic origin — 18 European countries, through June 30, 1985**

Patient risk group	Origin				Total No. (%)
	Europe	Caribbean Islands	Africa	Other	
1. Male homosexual or bisexual	809	4	10	30	853 (70)
2. I.V. drug abuser	48	-	-	-	48 (4)
3. Hemophilia patient	38	-	-	1	39 (3)
4. Transfusion recipient (without other risk factors)	20	-	5	-	25 (2)
5. 1- and 2-associated	15	-	1	2	18 (1)
6. No known risk factor					
males	49	22	76	2	149 (12)
females	25	9	36	-	70 (6)
7. Unknown	7	1	13	3	24 (2)
<b>Total</b>	<b>1,011 (82%)</b>	<b>36 (3%)</b>	<b>141 (12%)</b>	<b>38 (3%)</b>	<b>1,226 (100)</b>

*AIDS — Continued*

France—three; and one each in Austria, Greece, Italy, Norway, and Sweden. One German hemophilia patient was reported as being homosexual and a drug abuser. For 20 patients (2%), the only risk factor found was blood transfusion. These cases were diagnosed in: France—12; Belgium and Netherlands—three each; and Federal Republic of Germany and United Kingdom—one each. Among these 20 cases, five had received blood transfusions outside Europe: one diagnosed in the Netherlands had undergone heart surgery in the United States; one diagnosed in France had received blood transfusions in Haiti and Martinique; and two diagnosed in Belgium had received transfusions in Zaire. One child diagnosed in the United Kingdom had received a blood transfusion in the United States. For 74 patients (7%), no risk factor was found (sex ratio 2:1). Risk factor information was not obtained for seven patients.

Among the 36 Caribbean patients, four were homosexual, and no risk factors were identified for 31 (sex ratio 3:1). Risk factor information was not obtained in one case.

Among the 141 Africans, 10 were homosexuals; five had received blood transfusions; and one was both homosexual and an IV drug abuser. No risk factors were identified for 112 (sex ratio 2:1); and for 13, information was not obtained.

Among the 38 patients of other origins, 30 were homosexual; two, both homosexual and IV drug abusers (one Canadian diagnosed in the United Kingdom and one in Sweden); two did not present risk factors. Information was not obtained in three cases.

It is not possible to compare precisely the situations in the various European countries because of differences that may exist in the methods of data collection at national levels of surveillance. Furthermore, in countries where AIDS is still rare, distribution of case patients by risk group may be modified as the number of cases increases. However, by examining current risk group distributions, the following observations can be made:

**Male homosexuals.** AIDS patients belonging to this risk group account for 60%-100% of the total number of cases in 11 of 15 countries. In four other countries (Belgium, Greece, Italy, Spain), male homosexuals account for fewer than 50% of cases.

**Patients not belonging to any identified risk group.** Among European countries this group contributes the second largest number of cases. This situation is accentuated in four countries (Belgium, France, Greece, and Switzerland), since a high proportion of patients originate from regions where AIDS has developed outside the principal risk groups (in Belgium, 74% of the patients originate from Equatorial Africa; in France, 13% originate from the same region, and 8% from Haiti; in Switzerland 13% originate from Equatorial Africa).

**IV drug abusers.** Of the nine countries reporting cases among IV drug abusers, two have a high proportion in this risk group: Spain—16 (42%) of 38 cases; Italy—19 (37%) of 52. The spread of AIDS in Europe has been particularly marked in this group. In July 1984, only Spain (three cases) and Federal Republic of Germany (two cases) had reported cases among IV drug abusers.

**Cases related to transfusion of blood and blood products.** Nine countries have reported AIDS among hemophilia patients, and five have reported cases among blood transfusion recipients. Although the first known cases among hemophilia patients in Europe might be related to the importation of factor VIII concentrate from the United States, the development of cases among transfusion recipients shows that AIDS transmission from European national blood production networks has become a public health problem. Most European countries have or shortly will set up systemic screening programs in blood donor centers.

The number of cases diagnosed between January and June 1985 must be considered as provisional because of the time required for reports to reach national surveillance centers. By June 30, 1985, 55% of patients diagnosed between January and June 1984 had died (Figure 3).

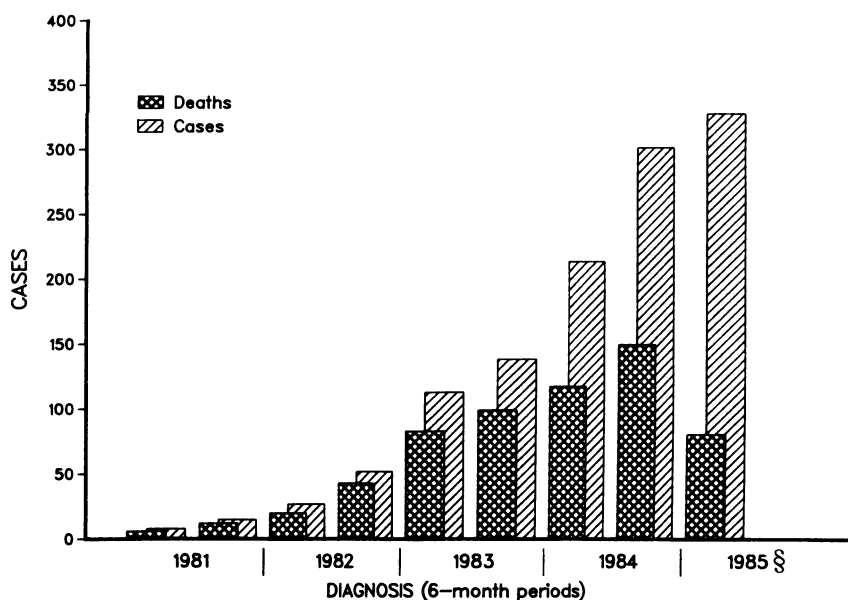
*AIDS — Continued*

Surveillance of AIDS in Europe began in 1982; data obtained before 1982 cannot be included in the present surveillance data because of an unknown proportion of patients lost to follow-up.

Preliminary incidence rates for AIDS in the first 6 months of 1985 ranged from 0.3 cases per million population (Spain, United Kingdom) to about three cases per million (Denmark, Switzerland) (Figure 4). Incidence rates calculated from December 1984 data (4) showed that 6-monthly incidence rates increased constantly in only six countries: Denmark, France, Federal Republic of Germany, Netherlands, Switzerland, and United Kingdom. Six months later, the situation changed distinctly—incidence rates increased in all countries that have reported cases.

The spread of AIDS in Europe has accelerated since the beginning of 1985. During 1984, an average of about 10 cases were diagnosed each week in Europe. The average number of new cases per week for the 3-month periods ending December 31, 1984, March 31, 1985, and June 30, 1985, were 11, 14, and 22 new cases, respectively. Although 65% of the cases have been reported in three countries (France, Federal Republic of Germany, and United Kingdom), an increase has been noted in most of the countries participating in the surveillance of AIDS. In the three countries, distribution by risk group is similar to that observed in the United States. All identified risk groups are represented; male homosexuals are the most affected. In

**FIGURE 3. Acquired immunodeficiency syndrome cases and number of deaths, by 6-month period of diagnosis — 18 European countries,\* January 1, 1981-June 30, 1985†**



\*Austria, Belgium, Czechoslovakia, Denmark, Federal Republic of Germany, Finland, France, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and United Kingdom.

†Before 1981, 20 cases, including 12 deaths, were reported.

§January-June 1985. An additional 12 cases (four deaths) with unknown dates of diagnosis were also reported.

*AIDS — Continued*

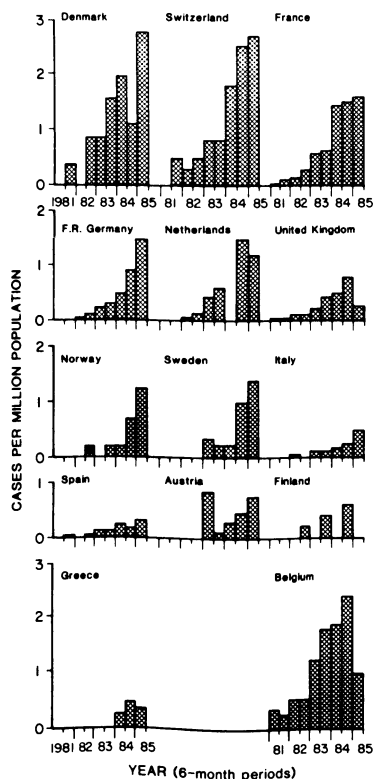
other countries, distribution varies, and only certain groups are currently affected. Three situations stand out: (1) In northern Europe (Denmark, Finland, Netherlands, Norway, and Sweden), most cases occur among male homosexuals; (2) In certain countries in southern Europe (Italy, Spain), the majority of cases occur among persons with no identifiable risk factor, but IV drug abusers seem to be considerably more affected than in the other countries; and (3) In Belgium, most of the cases occur among patients from central Africa.

Risk group distributions may be modified if the epidemic spreads into countries that have reported relatively few cases. Analysis of European surveillance data will continue to monitor risk-group distribution.

**Editorial Note:** As of June 30, 1985, 18 countries were participating in the surveillance of AIDS in Europe by reporting their respective data to the Centre. Since the previous report (March 31, 1985), Luxembourg has collaborated with the Centre.

The Centre uses the CDC case definition. One source per country, recognized by the respective national health authorities, provides the information. The national data are noted on standard tables, and each source is responsible for the quality of the data provided. The Union of Soviet Socialist Republics and Yugoslavia have now officially set up national reference centers for AIDS and will be participating in the work of the WHO European Centre for the next report.

**FIGURE 4. Incidence rates of acquired immunodeficiency syndrome, by 6-month period of diagnosis — 14 European countries, \*through June 30, 1985**



\*Czechoslovakia, Iceland, Poland (no reported cases), and Luxembourg (one case) are excluded.



**AIDS – Continued**

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1. WHO. Weekly Epidemiological Record 1985;60:189-96.
2. CDC. AIDS weekly surveillance report. June 17, 1985.
3. WHO. Acquired immune deficiency syndrome (AIDS). Report of the situation in Europe as at 15 July 1984. Weekly Epidemiological Record 1984;59:305-7.
4. WHO. Acquired immune deficiency syndrome (AIDS). Report on the situation as of 31 December 1984. Weekly Epidemiological Record 1985;60:85-92.

**Errata: Vol. 34, No. 36**

- p. 557. In the article, "Polychlorinated Biphenyl Transformer Incident—New Mexico," the last sentence of the fourth paragraph should read: The highest levels of chlorinated benzenes were found on the second floor, where air levels of 168 mg/m<sup>3</sup> and 3.9 mg/m<sup>3</sup> were recorded for 1,2,4-trichlorobenzene and 1,2,3,4-tetrachlorobenzene, respectively.

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- p. 464. In the article, "Acute Poisoning Following Exposure to an Agricultural Insecticide—California," the second sentence of the Editorial Note on page 465 should read: The antidotes are atropine, which blocks the effects of acetylcholine, and Protopam Chloride® (pralidoxime chloride), which "reactivates" acetylcholinesterase (3).

**Notice to Readers****Final 1984 Reports of Notifiable Diseases**

The following table summarizes final data from 1984, which will be published in more detail in the *MMWR Annual Summary 1984*.

# NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1984

Area	Tot. Resident Population (in thousands)	AIDS	Amebiasis	Anthrax	Aseptic Meningitis	Botulism			Brucellosis
						Food-borne	Infant	Other	
<b>United States</b>	<b>236,158*</b>	<b>4,445</b>	<b>5,252</b>	<b>1</b>	<b>8,326</b>	<b>19</b>	<b>99</b>	<b>5†</b>	<b>131</b>
<b>New England</b>	<b>12,577</b>	<b>153</b>	<b>58</b>	<b>—</b>	<b>449</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>4</b>
Maine	1,156	—	—	—	31	—	—	—	—
N.H.	977	3	1	—	57	—	—	—	—
Vt.	530	1	2	—	16	—	—	—	—
Mass.	5,798	86	3	—	199	—	1	—	3
R.I.	962	7	—	—	63	—	—	—	—
Conn.	3,154	56	52	—	83	—	—	—	1
<b>Mid. Atlantic</b>	<b>37,161§</b>	<b>1,941</b>	<b>1,489</b>	<b>—</b>	<b>1,300</b>	<b>—</b>	<b>12</b>	<b>—</b>	<b>7</b>
N.Y. (excl. NYC)	17,735§	162	38	—	512	—	—	—	3
N.Y.C.	NA	1,416	1,326	—	166	—	—	—	1
N.J.	7,515	273	90	—	294	—	—	—	1
Pa.	11,901	90	35	—	328	—	12	—	2
<b>E.N. Central</b>	<b>41,601</b>	<b>198</b>	<b>251</b>	<b>—</b>	<b>1,537</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>
Ohio	10,752	29	57	—	478	—	—	1	1
Ind.	5,498	26	23	—	161	—	1	—	—
Ill.	11,511	102	101	—	286	—	1	—	—
Mich.	9,075	31	28	—	485	—	—	1	1
Wis.	4,766	10	42	—	127	1	—	—	1
<b>W.N. Central</b>	<b>17,515</b>	<b>43</b>	<b>175</b>	<b>—</b>	<b>315</b>	<b>—</b>	<b>2</b>	<b>—</b>	<b>16</b>
Minn.	4,162	12	45	—	63	—	—	—	1
Iowa	2,910	2	68	—	67	—	1	—	3
Mo.	5,008	25	44	—	95	—	—	—	7
N. Dak.	686	—	—	—	13	—	—	—	—
S. Dak.	706	—	3	—	9	—	—	—	—
Nebr.	1,606	2	4	—	17	—	—	—	3
Kans.	2,438	2	11	—	51	—	1	—	2
<b>S. Atlantic</b>	<b>39,450</b>	<b>581</b>	<b>312</b>	<b>1</b>	<b>1,587</b>	<b>—</b>	<b>3</b>	<b>—</b>	<b>25</b>
Del.	613	4	3	—	12	—	—	—	—
Md.	4,349	52	26	—	215	—	1	—	—
D.C.	623	91	—	1	27	—	—	—	—
Va.	5,636	39	33	—	264	—	1	—	8
W. Va.	1,952	5	2	—	41	—	1	—	1
N.C.	6,165	15	7	—	245	—	—	—	1
S.C.	3,300	8	NN	—	59	—	—	—	—
Ga.	5,837	53	142	—	237	—	—	—	6
Fla.	10,976	314	99	—	487	—	—	—	9
<b>E.S. Central</b>	<b>15,028</b>	<b>24</b>	<b>38</b>	<b>—</b>	<b>522</b>	<b>1</b>	<b>3</b>	<b>—</b>	<b>9</b>
Ky.	3,723	10	26	—	100	1	1	—	—
Tenn.	4,717	5	NN	NN	129	—	2	—	1
Ala.	3,990	6	11	—	238	—	—	—	4
Miss.	2,598	3	1	—	55	—	—	—	4
<b>W.S. Central</b>	<b>26,098</b>	<b>313</b>	<b>376</b>	<b>—</b>	<b>876</b>	<b>3</b>	<b>12</b>	<b>1</b>	<b>42</b>
Ark.	2,349	1	5	—	26	—	1	—	6
La.	4,462	55	7	—	80	1	3	NN	3
Okla.	3,298	9	8	—	125	1	1	—	7
Tex.	15,989	248	356	—	645	1	7	1	26
<b>Mountain</b>	<b>12,553</b>	<b>75</b>	<b>144</b>	<b>—</b>	<b>350</b>	<b>—</b>	<b>6</b>	<b>—</b>	<b>7</b>
Mont.	824	—	2	—	26	—	1	—	2
Idaho	1,001	1	7	—	12	—	—	—	1
Wyo.	511	—	—	—	9	—	1	—	—
Colo.	3,178	36	62	—	136	—	1	—	3
N. Mex.	1,424	3	7	—	5	—	1	—	1
Ariz.	3,053	21	50	—	71	—	—	—	—
Utah	1,652	7	7	—	65	—	2	—	—
Nev.	911	7	9	—	26	—	—	—	—
<b>Pacific</b>	<b>34,184</b>	<b>1,117</b>	<b>2,409</b>	<b>—</b>	<b>1,390</b>	<b>14</b>	<b>58</b>	<b>2</b>	<b>18</b>
Wash.	4,349	60	34	—	139	3	6	—	—
Oreg.	2,674	13	101	—	NN	—	2	—	—
Calif.	25,622	1,030	2,249	—	1,139	6	47	2	17
Alaska	500	2	10	—	4	5	—	—	—
Hawaii	1,039	12	15	—	108	—	3	—	1
Guam	NA	—	3	—	7	—	—	—	1
P.R.	NA	72	5	—	98	—	—	—	—
V.I.	NA	1	—	—	1	—	—	—	—
Pac. Trust Terr.	NA	—	663	NN	—	NN	NN	NN	NN
C.N.M.I.	NA	—	8	—	5	NN	NN	NN	NN
Am. Samoa	NA	—	—	—	1	—	—	—	—

\*Estimates from the U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 970.

†Includes wound and unspecified botulism.

§Population estimate includes New York City.

NN (not notifiable)

**NOTIFIABLE DISEASES—Reported cases, by geographic division and area, United States, 1984 (continued)**

Area	Chancroid	Cholera	Diphtheria	Encephalitis			Gonorrhea	Granuloma inguinale
				Arthropod-borne	Other primary infections	Post-infectious		
<b>United States</b>	<b>665*</b>	<b>1</b>	<b>1</b>	<b>129</b>	<b>1,117</b>	<b>119</b>	<b>878,556*</b>	<b>30*</b>
<b>New England</b>	<b>3</b>	—	—	<b>2</b>	<b>49</b>	<b>5</b>	<b>22,906</b>	<b>1</b>
Maine	—	—	—	—	—	—	1,031	—
N.H.	—	—	—	—	7	—	723	—
Vt.	—	—	—	—	5	—	380	—
Mass.	2	—	—	2	20	—	9,977	1
R.I.	—	—	—	—	—	—	1,628	—
Conn.	1	—	—	—	17	5	9,167	—
<b>Mid. Atlantic</b>	<b>341</b>	—	—	<b>3</b>	<b>120</b>	<b>9</b>	<b>118,184</b>	<b>3</b>
N.Y. (excl. N.Y.C.)	—	—	—	2	31	6	18,764	—
N.Y.C.	340	—	—	—	—9	—	48,539	3
N.J.	1	—	—	1	24	—	20,099	—
Pa.	—	—	—	—	56	3	30,782	—
<b>E.N. Central</b>	<b>23</b>	—	—	<b>56</b>	<b>306</b>	<b>21</b>	<b>130,224</b>	<b>1</b>
Ohio	10	—	—	23	83	9	32,275	—
Ind.	1	—	—	15	64	—	14,544	—
Ill.	6	—	—	4	57	10	35,160	1
Mich.	5	—	—	—	68	—	35,406	—
Wis.	1	—	—	14	34	2	12,839	—
<b>W.N. Central</b>	<b>1</b>	—	—	<b>20</b>	<b>92</b>	<b>3</b>	<b>41,685</b>	—
Minn.	—	—	—	11	46	1	6,080	—
Iowa	—	—	—	5	27	—	4,603	—
Mo.	—	—	—	2	10	—	20,069	—
N. Dak.	1	—	—	—	—	—	387	—
S. Dak.	—	—	—	2	—	1	999	—
Nebr.	—	—	—	—	1	—	3,018	—
Kans.	—	—	—	—	8	1	6,529	—
<b>S. Atlantic</b>	<b>227</b>	<b>1</b>	—	<b>14</b>	<b>152</b>	<b>43</b>	<b>220,291</b>	<b>20</b>
Del.	—	—	—	—	1	—	4,046	—
Md.	—	1	—	—	35	2	28,342	—
D.C.	—	—	—	—	—	—	15,257	—
Va.	3	—	—	—	33	5	20,194	—
W. Va.	—	—	—	6	36	—	2,480	—
N.C.	30	—	—	5	33	8	34,391	—
S.C.	1	—	—	1	6	1	21,522	—
Ga.	165	—	—	—	2	3	42,847	16
Fla.	28	—	—	2	6†	24†	51,212	4
<b>E.S. Central</b>	<b>1</b>	—	—	<b>1</b>	<b>57</b>	<b>8</b>	<b>75,732</b>	—
Ky.	—	—	—	—	13	—	8,999	—
Tenn.	1	—	NN	1	20	2	30,749	—
Ala.	—	—	—	—	21	5	22,938	—
Miss.	—	—	—	—	3	1	13,046	—
<b>W.S. Central</b>	—	—	—	<b>2</b>	<b>141</b>	<b>7</b>	<b>113,234</b>	—
Ark.	—	—	—	—	—	2	10,298	—
La.	—	—	—	—	14	—	24,571	—
Okla.	—	—	—	1	19	1	12,551	—
Tex.	—	—	—	1	108	4	65,814	—
<b>Mountain</b>	<b>4</b>	—	—	<b>5</b>	<b>32</b>	<b>13</b>	<b>27,586</b>	—
Mont.	1	—	—	—	—	—	1,026	—
Idaho	—	—	—	—	—	—	1,269	—
Wyo.	—	—	—	—	—	—	750	—
Colo.	—	—	—	1	13	—	7,937	—
N. Mex.	—	—	—	—	1	—	3,329	—
Ariz.	3	—	—	4	9	3	7,795	—
Utah	—	—	—	—	8	10	1,278	—
Nev.	—	—	—	—	1	—	4,202	—
<b>Pacific</b>	<b>65</b>	—	<b>1</b>	<b>26</b>	<b>168</b>	<b>10</b>	<b>128,714</b>	<b>5</b>
Wash.	—	—	—	—	10	—	9,159	—
Oreg.	—	—	—	—	—	—	6,633	—
Calif.	65	—	1	26	154	9	108,102	5
Alaska	—	—	—	—	—	—	2,933	—
Hawaii	—	—	—	—	4	1	1,887	—
Guam	—	—	—	—	—	—	—	—
P.R.	13	—	—	—	5	2	3,438	1
V.I.	—	—	—	—	—	—	—	—
Pac. Trust Terr.	—	19	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—
Am. Samoa	—	—	—	—	—	—	—	—

\*Civilian cases only.

†Provisional data.

NN (not notifiable)

**NOTIFIABLE DISEASES—Reported cases, by geographic division and area, United States, 1984 (continued)**

Area	Hepatitis A	Hepatitis B	Hepatitis non-A non-B	Hepatitis unsp.	Legionellosis	Leprosy	Leptospirosis	Lympho-granuloma venereum	Malaria
<b>United States</b>	<b>22,040</b>	<b>26,115</b>	<b>3,871</b>	<b>5,531</b>	<b>750</b>	<b>290*</b>	<b>40</b>	<b>170†</b>	<b>1,007§</b>
<b>New England</b>	<b>495</b>	<b>1,781</b>	<b>162</b>	<b>241</b>	<b>53</b>	<b>13</b>	<b>3</b>	—	<b>48</b>
Maine	28	76	9	7	5	—	—	—	—
N.H.	26	100	9	8	1	—	—	—	—
Vt.	11	31	10	3	4	—	—	—	7
Mass.	320	1,016	83	188	26	6	1	—	26
R.I.	23	143	2	—	3	4	—	—	4
Conn.	87	415	49	35	14	3	2	—	11
<b>Mid. Atlantic</b>	<b>2,217</b>	<b>4,481</b>	<b>358</b>	<b>405</b>	<b>111</b>	<b>51</b>	<b>2</b>	<b>23</b>	<b>151</b>
N.Y. (excl. NYC)	381	813	82	80	NN	3	1	1	28
N.Y.C.	560	1,528	40	140	17	46	1	22	46
N.J.	656	1,052	105	142	26	—	—	—	41
Pa.	620	1,088	131	43	68	2	—	—	36
<b>E.N. Central</b>	<b>1,876</b>	<b>2,866</b>	<b>418</b>	<b>396</b>	<b>235</b>	<b>11</b>	<b>4</b>	<b>7</b>	<b>89</b>
Ohio	639	674	70	97	86	3	3	3	20
Ind.	120	329	59	84	27	—	—	—	5
Ill.	462	606	82	106	31	6	—	—	32
Mich.	423	1,067	139	99	50	2	—	4	17
Wis.	232	190	68	10	41	—	1	—	15
<b>W.N. Central</b>	<b>767</b>	<b>728</b>	<b>138</b>	<b>41</b>	<b>38</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>27</b>
Minn.	130	129	36	4	4	2	—	—	10
Iowa	60	108	20	10	4	1	2	—	2
Mo.	138	297	46	18	16	1	2	—	8
N. Dak.	116	16	8	2	3	—	—	—	1
S. Dak.	206	26	5	—	2	—	—	—	1
Nebr.	47	65	6	3	5	—	—	—	3
Kans.	70	87	17	4	4	—	—	1	2
<b>S. Atlantic</b>	<b>1,374</b>	<b>5,156</b>	<b>727</b>	<b>562</b>	<b>138</b>	<b>15</b>	<b>5</b>	<b>84</b>	<b>142</b>
Del.	44	61	24	7	25	—	—	—	4
Md.	60	694	109	85	12	1	—	—	30
D.C.	13	154	2	9	3	—	—	1	6
Va.	124	522	99	48	33	5	1	2	36
W. Va.	35	57	10	6	6	—	—	—	1
N.C.	105	512	69	84	14	—	2	—	15
S.C.	36	628	24	37	9	—	—	—	2
Ga.	178	935	49	38	23	1	—	71	15
Fla.	779	1,593	341	248	13	8	2	10	33
<b>E.S. Central</b>	<b>624</b>	<b>1,570</b>	<b>172</b>	<b>115</b>	<b>24</b>	—	<b>2</b>	<b>5</b>	<b>14</b>
Ky.	316	245	27	26	4	—	1	3	2
Tenn.	110	716	75	54	NN	—	—	2	3
Ala.	127	464	70	35	19	—	1	—	8
Miss.	71	145	—	—	1	—	—	—	1
<b>W.S. Central</b>	<b>3,544</b>	<b>2,175</b>	<b>262</b>	<b>2,014</b>	<b>52</b>	<b>36</b>	<b>6</b>	<b>5</b>	<b>101</b>
Ark.	93	99	27	114	5	1	—	—	—
La.	316	326	32	88	4	4	2	4	12
Okla.	530	206	59	117	19	—	—	1	12
Tex.	2,605	1,544	144	1,695	24	31	4	—	77
<b>Mountain</b>	<b>2,694</b>	<b>1,341</b>	<b>312</b>	<b>380</b>	<b>36</b>	<b>9</b>	—	<b>2</b>	<b>32</b>
Mont.	160	25	8	3	7	—	NN	1	2
Idaho	116	73	8	3	2	—	—	—	2
Wyo.	31	14	9	3	1	—	—	—	—
Colo.	588	278	46	102	2	1	—	—	11
N. Mex.	295	120	38	33	6	—	—	—	1
Ariz.	777	486	138	151	10	6	—	—	11
Utah	427	106	31	38	8	1	—	1	5
Nev.	300	239	34	47	—	1	—	—	—
<b>Pacific</b>	<b>8,449</b>	<b>6,017</b>	<b>1,322</b>	<b>1,377</b>	<b>63</b>	<b>151</b>	<b>14</b>	<b>43</b>	<b>403</b>
Wash.	373	318	131	54	13	15	—	—	20
Oreg.	1,007	377	154	38	1	2	—	1	16
Calif.	7,005	5,221	1,019	1,268	48	91	1	42	362
Alaska	31	27	6	6	—	—	NN	—	—
Hawaii	33	74	12	11	1	43	13	—	5
Guam	16	10	1	25	—	3	—	—	1
P.R.	242	636	1	240	—	5	1	1	4
V.I.	7	16	—	1	—	—	—	—	—
Pac. Trust. Terr.	10	9	—	75	NN	80	—	—	1
C.N.M.I.	94	14	—	9	—	2	—	—	—
Am. Samoa	11	2	—	1	NN	2	—	—	—

\*Includes 258 imported cases.

†Civilian cases only.

§Includes 1,005 imported cases.

NN (not notifiable)

# NOTIFIABLE DISEASES—Reported cases, by geographic division and area, United States, 1984 (continued)

Area	Measles		Meningo-coccal infections	Mumps	Pertussis	Plague	Poliomyelitis		Psittacosis
	Indigenous	Imported					Total	Paralytic	
<b>United States</b>	<b>2,272</b>	<b>315*</b>	<b>2,746</b>	<b>3,021</b>	<b>2,276</b>	<b>31</b>	<b>8<sup>†</sup></b>	<b>8<sup>†</sup></b>	<b>172</b>
<b>New England</b>	<b>94</b>	<b>12</b>	<b>197</b>	<b>99</b>	<b>76</b>	—	—	—	<b>13</b>
Maine	—	—	8	30	2	—	—	—	—
N.H.	33	3	12	21	17	—	—	—	—
Vt.	2	5	34	5	25	—	—	—	2
Mass.	49	—	74	22	22	—	—	—	6
R.I.	—	—	19	11	4	—	—	—	1
Conn.	10	4	50	10	6	—	—	—	4
<b>Mid. Atlantic</b>	<b>140</b>	<b>42</b>	<b>451</b>	<b>344</b>	<b>197</b>	—	<b>2</b>	<b>2</b>	<b>8</b>
N.Y. (excl. NYC)	42	15	147	103	109	—	—	—	4
N.Y.C.	93	20	75	46	20	—	—	—	3
N.J.	4	3	93	139	12	—	—	—	—
Pa.	1	4	136	56	56	—	2	2	1
<b>E.N. Central</b>	<b>625</b>	<b>80</b>	<b>450</b>	<b>1,172</b>	<b>512</b>	—	—	—	<b>11</b>
Ohio	3	8	141	518	79	—	—	—	2
Ind.	1	2	58	77	259	—	—	—	—
Ill.	184	2	104	249	29	—	—	—	1
Mich.	409	55	90	202	31	—	—	—	3
Wis.	28	13	57	126	114	—	—	—	5
<b>W.N. Central</b>	<b>49</b>	<b>9</b>	<b>171</b>	<b>114</b>	<b>134</b>	—	<b>1</b>	<b>1</b>	<b>4</b>
Minn.	44	3	37	7	16	—	1	1	2
Iowa	—	—	22	26	15	—	—	—	1
Mo.	5	1	53	11	23	—	—	—	1
N. Dak.	—	—	3	2	—	—	—	—	—
S. Dak.	—	—	6	—	8	—	—	—	—
Nebr.	—	—	13	6	17	—	—	—	—
Kans.	—	5	37	62	55	—	—	—	—
<b>S. Atlantic</b>	<b>34</b>	<b>39</b>	<b>557</b>	<b>214</b>	<b>241</b>	—	<b>1</b>	<b>1</b>	<b>85</b>
Del.	—	—	4	3	2	—	—	—	—
Md.	7	15	46	46	59	—	1	1	2
D.C.	—	8	8	4	—	—	—	—	—
Va.	1	4	66	20	19	—	—	—	71
W. Va.	—	—	5	43	11	—	—	—	1
N.C.	—	1	88	23	37	—	—	—	3
S.C.	—	1	58	6	2	—	—	—	3
Ga.	5	1	105	22	20	—	—	—	2
Fla.	21	9	177	47	91	—	—	—	3
<b>E.S. Central</b>	<b>1</b>	<b>5</b>	<b>157</b>	<b>53</b>	<b>15</b>	—	<b>1</b>	<b>1</b>	—
Ky.	1	—	50	11	2	—	—	—	—
Tenn.	—	2	52	17	7	—	1	1	—
Ala.	—	3	36	6	2	—	—	—	—
Miss.	—	—	19	19	4	—	—	—	—
<b>W.S. Central</b>	<b>638</b>	<b>28</b>	<b>317</b>	<b>228</b>	<b>343</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>9</b>
Ark.	8	—	39	9	24	—	—	—	—
La.	5	3	68	—	12	—	1	1	—
Okla.	—	8	30	NN	247	—	—	—	—
Texas	625	17	180	219	60	1	1	1	9
<b>Mountain</b>	<b>114</b>	<b>31</b>	<b>81</b>	<b>279</b>	<b>131</b>	<b>23</b>	—	—	<b>6</b>
Mont.	—	—	2	11	20	—	—	—	—
Idaho	—	23	10	10	7	—	—	—	—
Wyo.	—	—	3	3	6	—	—	—	—
Colo.	1	5	31	31	49	3	—	—	2
N. Mex.	88	—	7	NN	13	16	—	—	—
Ariz.	—	1	18	203	27	2	—	—	2
Utah	25	2	9	14	7	2	—	—	1
Nev.	—	—	1	7	2	—	—	—	1
<b>Pacific</b>	<b>577</b>	<b>69</b>	<b>365</b>	<b>518</b>	<b>627</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>36</b>
Wash.	160	18	56	56	326	1	—	—	4
Oreg.	—	—	50	NN	31	—	—	—	6
Calif.	280	46	247	426	163	6	1	1	20
Alaska	—	—	9	14	5	—	—	—	—
Hawaii	137	5	3	22	102	—	—	—	6
Guam	101	3	1	13	—	—	—	—	—
P.R.	285	—	7	194	4	—	—	—	—
V.I.	—	—	—	6	—	—	—	—	—
Pac. Trust Terr.	1	1	2	37	452	—	—	—	NN
C.N.M.I.	5	3	—	8	—	—	—	—	NN
Am. Samoa	—	—	—	5	—	—	—	—	NN

\*For measles only, imported includes both out-of-state and international importations.

†Includes 1 imported case.

NN (not notifiable)

# NOTIFIABLE DISEASES—Reported cases, by geographic division and area, United States, 1984 (continued)

Area	Rabies		Rheumatic fever, acute	Rubella		Salmonellosis	Shigellosis	Syphilis	
	Animal	Human		Rubella	Cong. syndrome			Primary & secondary	All stages
United States	5,567	3*	117	752	5	40,861	17,371	28,607 <sup>†</sup>	69,888 <sup>†</sup>
New England	59	—	26	19	—	4,107	378	527	1,403
Maine	20	—	2	1	—	397	8	9	29
N.H.	17	—	—	1	—	225	13	12	15
Vt.	—	—	1	—	—	149	12	1	3
Mass.	14	—	NN	16	—	2,315	215	289	748
R.I.	—	—	23	—	—	145	19	25	115
Conn.	8	—	—	1	—	876	111	191	493
Mid. Atlantic	556	1	—	234	—	7,440	1,415	3,811	11,030
N.Y. (excl. NYC)	137	—	NN	99	—	1,513	303	337	1,090
N.Y.C.	—	—	NN	111	—	1,800	350	2,280	6,686
N.J.	35	—	NN	23	—	2,054	495	674	1,996
Pa.	384	1	NN	1	—	2,073	267	520	1,258
E.N. Central	216	—	31	105	—	6,826	2,685	1,412	4,477
Ohio	27	—	5	2	—	1,033	455	238	648
Ind.	23	—	14	5	—	572	281	166	461
Ill.	73	—	1	68	—	2,834	1,370	677	2,422
Mich.	22	—	8	22	—	1,230	334	275	747
Wis.	71	—	3	8	—	1,157	245	56	199
W.N. Central	783	—	7	38	1	2,218	730	371	1,252
Minn.	104	—	NN	4	—	669	113	90	231
Iowa	152	—	—	1	1	247	98	19	60
Mo.	70	—	—	—	—	617	244	185	711
N. Dak.	138	—	1	3	—	143	24	9	12
S. Dak.	218	—	2	—	—	82	113	1	8
Nebr.	48	—	NN	—	—	132	32	15	44
Kans.	53	—	4	30	—	338	106	52	186
S. Atlantic	1,810	—	2	34	—	7,880	2,221	8,230	18,887
Del.	6	—	—	2	—	161	28	21	55
Md.	1,100	—	—	1	—	1,346	242	502	1,286
D.C.	12	—	—	—	—	185	71	330	973
Va.	208	—	NN	1	—	1,255	201	420	1,192
W. Va.	41	—	—	—	—	185	5	18	335
N.C.	27	—	NN	—	—	898	290	862	1,789
S.C.	67	—	NN	—	—	677	136	772	1,610
Ga.	200	—	—	2	—	1,314	216	1,429	3,333
Fla.	149	—	2	28	—	1,859	1,032	3,876	8,314
E.S. Central	280	—	2	12	—	1,581	373	2,032	4,266
Ky.	53	—	2	6	—	332	94	97	317
Tenn.	82	—	NN	—	—	450	164	542	1,162
Ala.	130	—	NN	3	—	477	76	673	1,369
Miss.	15	—	—	3	—	322	39	720	1,418
W.S. Central	991	1	10	80	—	3,333	2,035	6,763	15,084
Ark.	101	—	—	5	—	351	53	206	452
La.	67	—	—	—	—	219	110	1,227	2,925
Okla.	104	—	NN	—	—	424	213	188	513
Tex.	719	1	10	75	—	2,339	1,659	5,142	11,194
Mountain	298	—	31	23	—	1,564	1,769	677	1,602
Mont.	122	—	NN	—	—	61	15	4	10
Idaho	11	—	NN	1	—	86	46	23	41
Wyo.	30	—	3	3	—	15	15	3	13
Colo.	44	—	19	2	—	508	380	188	360
N. Mex.	12	—	8	1	—	327	353	99	262
Ariz.	50	—	—	5	—	353	886	238	650
Utah	6	—	1	7	—	118	74	18	57
Nev.	23	—	—	4	—	96	—	104	209
Pacific	574	1	8	207	4	5,912	5,765	4,784	11,887
Wash.	3	—	—	2	—	515	224	159	470
Oreg.	7	—	NN	2	1	1,036	237	117	251
Calif.	546	1	6	197	3	3,903	5,113	4,424	11,004
Alaska	18	—	2	1	—	83	26	6	37
Hawaii	—	—	NN	5	—	375	165	78	125
Guam	—	—	3	4	—	251	90	—	—
P.R.	60	—	4	24	—	362	79	848	2,084
V.I.	—	—	—	—	—	2	8	—	—
Pac. Trust Terr.	—	NN	—	1	—	1	1	—	—
C.N.M.I.	—	—	2	2	—	20	66	—	—
Am. Samoa	—	—	6	—	—	9	9	—	—

\*Includes 1 imported case.

<sup>†</sup>Civilian cases only.

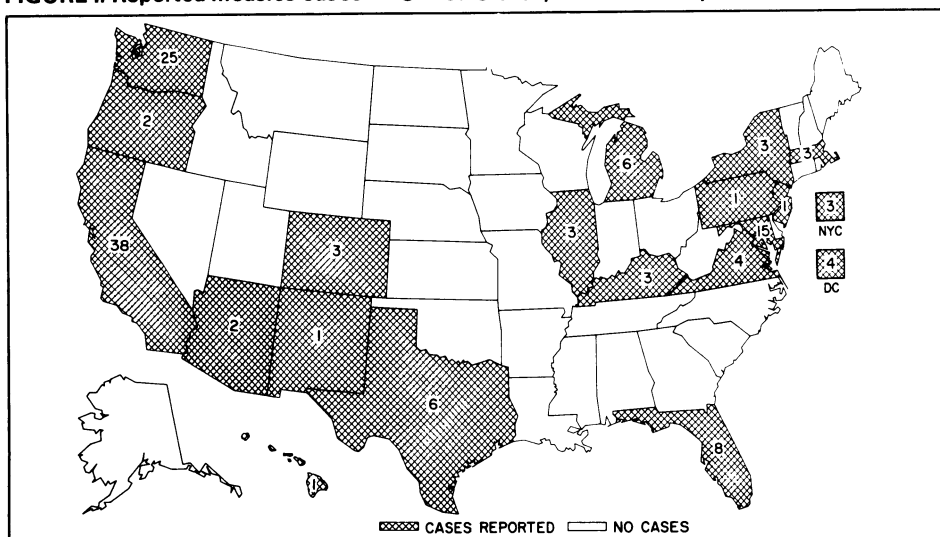
NN (not notifiable)

# NOTIFIABLE DISEASES—Reported cases, by geographic division and area, United States, 1984 (continued)

Area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis	Tularemia	Typhoid fever	Typhus fever		Varicella (Chickenpox)
							Murine	RMSF	
United States	74	482	68	22,255	291	390*	53	838	221,983
New England	3	21	14	677	7	20	—	6	20,097
Maine	—	3	—	35	—	—	—	—	2,553
N.H.	—	3	—	27	—	—	—	—	1,783
Vt.	—	5	—	8	—	—	—	—	NN
Mass.	2	6	7	376	7	15	—	4	6,244
R.I.	—	3	—	55	—	—	—	—	2,604
Conn.	1	1	7	176	—	5	—	2	6,913
Mid. Atlantic	7	18	31	3,872	3	69	1	28	11,804
N.Y. (excl. NYC)	3	NN	1	616	—	12	—	11	5,993
N.Y.C.	1	—	3	1,630	2	26	1	2	5,811
N.J.	1	4	23	790	1	21	—	3	NN
Pa.	2	14	4	836	—	10	—	12	NN
E.N. Central	7	118	3	2,934	13	68	—	49	125,466
Ohio	—	34	3	528	1	7	—	24	11,564
Ind.	—	6	—	383	—	12	—	7	13,686
Ill.	4	26	—	1,207	10	30	—	15	29,790
Mich.	—	23	—	661	1	9	—	3	35,964
Wis.	3	29	—	155	1	10	—	—	34,462
W.N. Central	10	70	—	706	79	14	—	49	23,724
Minn.	1	22	—	138	1	7	—	1	48
Iowa	1	13	—	68	—	—	—	6	7,530
Mo.	6	12	—	354	40	6	—	14	2,565
N. Dak.	—	10	—	14	—	—	—	—	1,436
S. Dak.	1	3	—	25	34	—	—	5	1,362
Nebr.	—	6	—	30	—	—	—	5	488
Kans.	1	4	—	77	4	1	—	18	10,295
S. Atlantic	17	41	2	4,699	9	42	1	393	11,359
Del.	—	1	—	57	—	—	—	1	153
Md.	3	4	—	428	2	3	—	25	2,141
D.C.	—	—	—	189	—	3	—	—	80
Va.	1	7	1	473	1	8	—	47	1,189
W. Va.	1	2	—	133	1	—	—	7	7,796
N.C.	—	7	1	756	1	1	1	178	NN
S.C.	1	1	—	544	—	1	—	80	NN
Ga.	4	4	—	784	4	8	—	49	NN
Fla.	7	15	—	1,335	—	18	—	6	NN
E.S. Central	3	3	—	2,056	6	9	—	96	3,506
Ky.	—	3	—	510	1	1	—	19	3,434
Tenn.	—	NN	—	601	4	2	—	50	NN
Ala.	2	NN	—	565	—	2	—	15	NN
Miss.	1	—	—	380	1	4	—	12	72
W.S. Central	17	47	13	2,716	122	36	38	200	16,331
Ark.	2	5	—	315	83	—	—	25	207
La.	3	NN	—	377	7	2	—	6	NN
Okla.	2	20	—	262	23	4	1	116	NN
Tex.	10	22	13	1,762	9	30	37	53	16,124
Mountain	1	66	1	629	37	13	—	12	7,833
Mont.	—	3	—	33	2	1	—	7	397
Idaho	—	11	—	28	8	—	—	1	NN
Wyo.	—	2	—	5	1	—	—	2	368
Colo.	—	8	—	96	8	5	—	1	NN
N. Mex.	1	7	—	112	3	3	—	—	NN
Ariz.	—	12	—	273	4	3	—	—	5,827
Utah	—	19	1	40	6	—	—	—	165
Nev.	—	4	—	42	5	1	—	1	1,076
Pacific	9	98	4	3,966	15	119	13	5	1,863
Wash.	1	9	—	207	4	3	—	2	NN
Oreg.	—	9	—	156	3	2	—	1	NN
Calif.	7	80	—	3,306	8	108	8	2	1,029
Alaska	—	NN	3	79	—	1	NN	NN	NN
Hawaii	1	—	1	218	—	5	5	—	834
Guam	—	—	—	54	—	—	—	—	250
P.R.	10	—	—	418	—	5	—	—	2,218
V.I.	—	—	—	4	—	3	—	—	31
Pac. Trust Terr.	1	NN	NN	188	NN	6	—	—	433
C.N.M.I.	—	—	NN	58	NN	—	—	—	78
Am. Samoa	—	NN	—	—	NN	1	—	—	34

\*Includes 260 imported cases.

NN (not notifiable)

**FIGURE I. Reported measles cases — United States, weeks 34-37, 1985**

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The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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